

34187

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

2
0-4-1
17-3
FILED NOV 9 1943Registration District No. 42Primary Registration District No. 1000Registrar's No. 1176

1. PLACE OF DEATH:

(a) County Oneharon
 (b) City or town St Joseph Mo
 (c) Name of hospital or institution State Hospital #2
 (If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution 25 days
 (Specify whether years, months or days) yes

3. (a) PRINT
FULL NAMEIrving T McClusky3. (b) If veteran,
name war no3. (c) Social Security
No. nil

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married,
divorced married

6. (b) Name of husband or wife Mrs J McClusky 6. (c) Age of husband or wife if
alive 20 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
abt 81 hr. min.

9. Birthplace Mo (City, town, or county) (State or foreign country)

10. Usual occupation farm laborer

11. Industry or business not given

12. Name L. 9

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Dr. J. H. Haines

(b) Address St Joseph Mo

17. (a) Removal (b) Date thereof 11-1-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph Mo

18. (a) Signature of funeral director Dr. J. H. Haines

(b) Address St Joseph Mo

19. (a) 11-1-43 (b) Dr. J. H. Haines
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence
 (c) City or town St Joseph Mo
 (If outside city or town limits, write "RURAL")
 (d) Street No. no (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 1
 year 1943 hour 2 minute 30 M.

21. I hereby certify that I attended the deceased from Oct 25
1943 to Nov 1 1943

that I last saw him alive on 10/30 1943
 and that death occurred on the date and hour stated above

Immediate cause of death Pneumonia Duration 2 days

frailty a few years

Due to frailty a few years

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Dr. J. H. Haines (M.D. or other)
 Address St Joseph Mo Date signed 11/1/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-1-43

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

W.D. Haines....., Registered Apprentice No.....
working under my personal supervision.

Signed W.D. Haines.....

Licensed Embalmer No. 942.....

P. O. Address Gilman City.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1176

1. PLACE OF DEATH

(a) County Buchanan
(b) City or town St Joseph
(If outside city or town limits write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAME

Irving McCluskey

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married,
divorced w

6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 81 Months Days Unless than one day min.

9. Birthplace (City, town, or county) (State or foreign country) mo.

10. Usual occupation

11. Industry or business

12. Name
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 19 year 1943 hour minute M.

21. I hereby certify that I attended the deceased from
that I last saw him alive on 19, 19
and that death occurred on the date and hour stated above
Immediate cause of death Suppurative pneumonia Duration
severely 4 yrs

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature W. C. ... (M. D. or other) 11/19
Address State Hospital #2 Date signed 1943

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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